Please type or print:

Name of Reporting Entity:

ID Number:

As of Date:

Name of Contact if We Have Questions:

Contact's Phone Number:

Name and Title of Officer Authorized to Sign Report:

Please read carefully and sign below:

(Signature of Officer
Authorized to Sign Report)
of the reporting entity do
hereby declare that the
Treasury International Capital
D report for this report date has
been prepared in conformance
with the instructions and is true
to the best of my knowledge
and belief

QUARTERLY REPORT TO FEDERAL RESERVE BANK OF NEW YORK

REPORT OF HOLDINGS OF, AND TRANSACTIONS IN, FINANCIAL DERIVATIVES CONTRACTS

FORM D

DEPARTMENT OF THE TREASURY

Office of the Assistant Secretary for International Affairs

DRAFT

Form Approved
OMB Control No. 1505-XXXX

Legal basis and confidentiality statement:

This report is required by law (22 U.S.C. 286f; 22 U.S.C. 3103; E.O. 10033; 31 C.F.R. 128.1 (a)). Failure to report can result in a civil penalty of not less than \$2,500 and not more than \$25,000. Willful failure to report can result in criminal prosecution and upon conviction a fine of not more than \$10,000; and, if an individual, imprisonment for not more than one year, or both. Any officer, director, employee, or agent of any corporation who knowingly participates in such violation may, upon conviction, be punished by a like fine, imprisonment, or both (22 U.S.C. 3105 (a) and (b); 31 C.F.R. 128.4 (a) and (b)).

Data reported on this form will be held in confidence by the Department of the Treasury, the Board of Governors of the Federal Reserve System, and the Federal Reserve Bank of New York acting as fiscal agent for the Treasury. The data reported by individual respondents will not be published or otherwise publicly disclosed; information may be given to other Federal agencies, insofar as authorized by applicable law (44 U.S.C. 3501 et seq.; 22 U.S.C. 3101 et seq.). Aggregate data derived from reports on this form may be published or otherwise disclosed only in a manner that does not specifically identify any individual respondent.

Note: No person is required to respond to any U.S. Government collection of information unless the form displays a currently valid control number assigned by the Office of Management and Budget (OMB).

Important notes:

- Before preparing this report, please read the Instructions carefully.
- Additional copies of this form, the Instructions, and the answers to Frequently Asked Questions can be obtained at the following web site: www.ustreas.gov/tic/forms.html
- This report should be filed no later than the sixtieth calendar day following the last day of the quarter.
- Amounts should be reported in millions of dollars.

Nam	e of Reporting Institution ID N	Number	As-of-Date_	DRAFT	TIC Form D Page 2 of 3	
	PART 1 - HOLDINGS OF, AND TRANSACTIONS IN, DERIVATIVES CONTRACTS WITH FOREIGN-RESIDENTS					
	DERIVATIVES CONTRACTS BY MAJOR RISK CATEGORY		FOREIGN	ATIVES CONTRACTS WITH RESIDENTS ORTING QUARTER GROSS NEGATIVE	U.S. NET SETTLEMENTS DURING THE QUARTER WITH FOREIGN RESIDENTS	
		•	1 millions	2 millions	3 millions	
	OVER-THE-COUNTER CONTRACTS					
1	SINGLE - CURRENCY INTEREST RATE CONTRACTS					
1.a	Forwards					
1.b	SWAPS					
1.c	Options					
2 2.a	FOREIGN EXCHANGE CONTRACTS					
2.b	FORWARDS					
2.c	SWAPS					
	OPTIONS OTHER CONTRACTS					
3	EXCHANGE-TRADED CONTRACTS					
4	Own Derivatives Contracts on Foreign Exchanges					
5	U.S. Customers, derivatives Contracts on Foreign Exc	HANGES				
6	FOREIGN COUNTERPARTY DERIVATIVES CONTRACTS ON U.S. I	EXCHANGES				
7	GRAND TOTAL					
	OF WHICH:				-1	
M.1	CONTRACTS WITH OWN FOREIGN OFFICES					

CONTRACTS WITH FOREIGN OFFICIAL INSTITUTIONS

CONTRACTS OF U.S. DEPOSITORY INSTITUTIONS WITH FOREIGNERS

PART 2 - HOLDINGS OF, AND TRANSACTIONS	IN, DERIVATIVES CONTR	RACTS WITH FOREIGN-RES	DENTS BY COUNTRY
FOREIGN COUNTRY	FAIR VALUE OF DERIVATIVES CONTRACTS WITH FOREIGN RESIDENTS AT END OF REPORTING QUARTER		U.S. NET SETTLEMENTS DURING THE QUARTER
	GROSS POSITIVE	GROSS NEGATIVE	WITH FOREIGN RESIDENTS

millions

millions

Millions

Name of Reporting Institution_____ ID Number _____ As-of Date_____ **DRAFT** TIC Form D Page 3 of 3

EUROPE

Austria Belgium

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